

ISSUE SLIP TABLE AREA (for additional cross references)

POST OFF	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	3-1-01
FORMALITY REVIEW	BZ	5-3-383	03-13-01
RESPONSE FORMALITY REVIEW	m	945	6/25/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	2/01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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70  
 04/01